

New Hampshire Department of Environmental Services
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FAX (603) 271-2181



September 2013

Registration for Underground Storage Tank Systems

Type of Registration	State Use Only		
Instructions: Please type or print in ink all items except "signature" in Section VII. This form must be completed for each location containing underground storage tanks. If more than four (4) USTs are owned at this location, photocopy the following sheets, and staple additional sheets to this form. Also, provide a site plan and facility layout. (May be an accurate hand sketch).	ID Number: _____ Site Number: _____ Date Received: _____ <table border="1"> <tr> <td>Active Tanks:</td> <td>Closed Tanks</td> </tr> </table>	Active Tanks:	Closed Tanks
Active Tanks:	Closed Tanks		

I. Facility Owner (Tank System Owner)	II. Location of Tank Systems
Owner Name _____	Facility Name _____
Mailing Address _____	Street Address (DO NOT USE POST OFFICE BOX) _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone Number (include area code) _____ E-mail _____	County _____

III. Land Owner	IV. Stored Product Owner
Land Owner Name _____	Stored Product Owner Name _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone Number (include area code) _____ E-mail _____	Phone Number (include area code) _____ E-mail _____

V. Type of Owner	VI. Type of Facility		
<input type="checkbox"/> Federal Gov't. <input type="checkbox"/> Commercial <input type="checkbox"/> State Gov't. <input type="checkbox"/> Private <input type="checkbox"/> Local Gov't.	<table> <tr> <td> <input type="checkbox"/> Gas Station <input type="checkbox"/> Local Government <input type="checkbox"/> Contractor <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> State Government <input type="checkbox"/> Trucking / Transportation <input type="checkbox"/> Air Taxi <input type="checkbox"/> Federal - Military <input type="checkbox"/> Federal - Non-Military </td> <td> <input type="checkbox"/> Utilities <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Railroad <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Explain) </td> </tr> </table>	<input type="checkbox"/> Gas Station <input type="checkbox"/> Local Government <input type="checkbox"/> Contractor <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> State Government <input type="checkbox"/> Trucking / Transportation <input type="checkbox"/> Air Taxi <input type="checkbox"/> Federal - Military <input type="checkbox"/> Federal - Non-Military	<input type="checkbox"/> Utilities <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Railroad <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Gas Station <input type="checkbox"/> Local Government <input type="checkbox"/> Contractor <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> State Government <input type="checkbox"/> Trucking / Transportation <input type="checkbox"/> Air Taxi <input type="checkbox"/> Federal - Military <input type="checkbox"/> Federal - Non-Military	<input type="checkbox"/> Utilities <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Railroad <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Explain)		

VII. Certification		
As facility owner I certify under penalty of law that I have personally examined and am familiar with the information submitted in or with this registration form, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I understand that I am subject to the penalties specified in RSA 641:3 for making unsworn false statements.		
Print Name and Title of Owner: _____	Signature: _____	Date Signed: _____

[illegible]

IX. Owners Financial Responsibility

I have met the financial responsibility requirements in accordance with NH Code of Administrative Rules (Env-Or 404.11).

Y

N

Env-Or 404.11 Financial Responsibility.

(a) Owners of UST facilities shall maintain financial responsibility for costs associated with the cleanup of releases from UST systems, the implementation of corrective measures, and compensation for third party damages in the amount equal to or greater than \$1,000,000 per occurrence.

(b) The amount of financial responsibility required shall not limit the liability of an owner or operator for damages caused by a release.

(c) The requirement for financial responsibility may be satisfied if the owner of a facility is eligible for reimbursement of costs associated with cleanup of releases from systems, under RSA 146-D, RSA 146-E, or RSA 146-F.

X. Person Responsible for Maintenance and Regulatory Compliance

Name _____

Mailing Address _____

City _____

State _____

Zip Code _____

Phone Number (include area code) _____

Extension _____

E-mail address _____

XI. Final Certification. (For installations requiring construction approval per Env-Or 407.01)

Final certification may be completed by either a New Hampshire PE or the ICC certified tank installer. Final certification shall only be provided at the time of registration if the installation is complete. Otherwise, final certification may be provided via separate letter when the installation has been completed.

I certify that the installation has been completed and is in accordance with the department's approved plans or as-built record drawings and all terms and conditions of the department's approval. [Env-Or 404.03(i)]

Signature _____

Print Name _____

Date: _____

NH PE: _____

License Number

Expiration Date

OR,

ICC: _____

Certification # for UST Installation/Retrofitting

Expiration Date

XII. Stage I / Stage II Vapor Recovery (Gasoline Systems Only)

Annual Gasoline Throughput* – All Grades of Gasoline

Year	Total Throughput (gal)

Year	Total Throughput (gal)

* Throughput required for facilities with only Stage I equipment

Stage I

Coaxial

Two Point

Dry Break on Manifold

Other

Date of Installation

Installer

Stage II

Type Equipment

Date of Installation

Installer

Equipment

Total # of Dispensers

Total # of Nozzles

Total # of Gas Tanks